

**Mental Health Services Act Expenditure Report**

*Fiscal Year 2014-2015*



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**Mental Health Services Act Expenditure Report**

*Fiscal Year 2014-15*

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## FUNDING OVERVIEW

Passed as Proposition 63 in 2004 and effective January 1, 2005, the Mental Health Services Act (MHSA) Fund (which includes Personal Income Tax and Income from Surplus Money Investments) generated approximately \$1.684 billion in Fiscal Year (FY) 2012-13. The 2014-15 May Revision projects the MHSA to generate \$1.454 billion in FY 2013-14 and \$1.737 billion in FY 2014-15.

Approximately \$1.632 billion was expended in FY 2012-13. Additionally, \$1.471 billion is estimated to be expended in FY 2013-14 and \$1.449 billion is estimated to be expended in FY 2014-15.

The MHSA addresses a broad continuum of prevention, early intervention and service needs while providing funding for infrastructure, technology and training needs for the community mental health system. The MHSA specifies the following five required components:

- 1) Community Services and Supports (CSS)
- 2) Capital Facilities and Technological Needs (CF/TN)
- 3) Workforce Education and Training (WET)
- 4) Prevention and Early Intervention (PEI)
- 5) Innovation (INN)

MHSA funds are distributed to counties by the State Controller's Office (SCO) on a monthly basis. Counties expend the funds for these components consistent with a local plan, which is subject to a community planning process that includes stakeholders and is approved by the County Board of Supervisors.

In addition to local programs, the MHSA authorizes up to 5 percent of revenues for state administration. These include administrative functions at the state level by the Department of Health Care Services (DHCS) and Office of Statewide Health Planning and Development (OSHPD), among other state departments. It also funds evaluation of the MHSA by the Mental Health Services Oversight and Accountability Commission, which was established by the MHSA.

Additional background information and an overview of legislative changes to the MHSA is provided in Appendix 1.

### EXPLANATION OF ESTIMATED REVENUES

For the FY 2014-15 May Revision, Table 1 displays estimated revenues from the MHSA's one percent income tax on personal income in excess of \$1 million. "Cash Transfers" represent the net personal income tax receipts transferred into the State Mental Health Services Fund (S-MHSF) in accordance with Revenue and Taxation Code Section 19602.5(b). The "interest income" is the interest earned on the cash not immediately used and calculated quarterly in accordance with Government Code 16475. The "Annual Adjustment Amount" represents an accrual adjustment. Due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to or from the S-MHSF and the previous cash transfers, the annual adjustment amount shown in the May Revision will not actually be deposited into S-MHSF until two fiscal years after the revenue is earned.

The total revenue amount for each fiscal year includes income tax payments, interest income, and the annual adjustment. The actual amounts collected differ slightly from the estimated revenues because the May Revision reflects revenue earned, and therefore includes accruals for revenue not yet received by the close of the fiscal year.

**Table 1: Mental Health Services Act Estimated Total Revenue**  
(Dollars in Millions)

		FY 2012-13	FY 2013-14	FY 2014-15
<b>May Revision FY 2014-15 Budget<sup>1</sup></b>				
	Cash Transfers	\$1,204.0	\$1,185.0	\$1,263.0
	Interest Income Earned During Fiscal Year	0.7	0.7	0.7
	Annual Adjustment Amount	480.0	269.0	474.0
<b>Total Estimated Revenue<sup>2</sup></b>		<b>\$1,684.7</b>	<b>\$1,454.7</b>	<b>\$1,737.7</b>

<sup>1</sup> Source: Cash Transfers and Annual Adjustment Amount (DOF Financial Research Unit), Interest Income Earned (Fund Condition Statement in the Governor's Budget: Income from Surplus Money Investments).

<sup>2</sup> Estimated available receipts do not include funds reverted under the WIC 5892 (h) and administration funds not appropriated for use under WIC 5892 (d).

### REVENUES BY COMPONENT

Table 2 below displays the estimated MHSA revenue available by component and for state administration. While the component amounts are shown here to display the statewide totals, the MHSA funds are distributed to counties monthly as a single amount that each county budgets, expends, and tracks by component according to the MHSA requirements.

**Table 2: Mental Health Services Act Estimated Revenue  
By Component<sup>3</sup>  
(Dollars in Millions)**

	12-13	FY 2013-14	-
Community Services and Supports (Excluding Innovation)	\$1,235.6	\$1,050.3	\$1,254.6
Prevention and Early Intervention (Excluding Innovation)	308.9	262.6	313.7
Innovation	81.3	69.1	82.5
State Administration <sup>4</sup>	59.0	72.7	86.9
<b>Total Estimated Revenue<sup>5</sup></b>	<b>\$1,684.7</b>	<b>\$1,454.7</b>	<b>\$1,737.7</b>

<sup>3</sup> Actual receipts displayed are based upon the percentages specified in the MHSA for the components identified: 80% Community Services and Supports (CSS); 20% Prevention and Early Intervention (PEI); 5% Innovation (from CSS and PEI). WIC 5892(a)(3), (5), and (6).

<sup>4</sup> FY 2012-13: 3.5% State Administration; FY 2013-14, FY 2014-15: 5% State Administration. WIC 5892(d).

<sup>5</sup> Totals may not add up due to rounding.

### MHSA FUND EXPENDITURES

MHSA expenditures for Local Assistance and State Administrative Costs by each state entity receiving a portion of MHSA funds are listed in Table 3a and Table 3b. The State Administrative Cap is shown by fiscal year in Table 3c. The tables display actual expenditures for FY 2012-13 and estimated expenditures for FY 2013-14 and FY 2014-15.

Local Assistance expenditures for the MHSA monthly distributions to the counties include the cash transfers and the deposited annual adjustment. The estimated MHSA monthly distribution may vary depending on the actual cash receipts and actual annual adjustment amounts.

**Table 3a: Mental Health Services Act Expenditures  
Local Assistance**

	Actual	Estimated	Estimated
	FY 2012-13	FY 2013-14	FY 2014-15
<b>Local Assistance</b>			
Department of Health Care Services			
• MHSA Monthly Distributions to Counties <sup>6</sup>	\$1,589,680	\$1,340,000	\$1,340,000
Community Services and Supports (Excluding Innovation)	1,208,157	1,018,400	1,018,400
Prevention and Early Intervention (Excluding Innovation)	302,039	254,600	254,600
Innovation	79,484	67,000	67,000
Office of Statewide Health Planning and Development			
• Workforce Education and Training State Level Projects	\$11,219	\$48,868	\$27,531
<b>Total Local Assistance</b>	<b>\$1,600,899</b>	<b>\$1,388,868</b>	<b>\$1,367,531</b>

<sup>6</sup> The MHSA monthly distributions to counties are single monthly payments and the counties expend funds according to WIC 5892(a)(3), (5), and (6), where 80% is for CSS; 20% is for PEI; and 5% is for INN (from CSS and PEI).

**Table 3b: Mental Health Services Act Expenditures  
State Administration**

	Actual	Estimated	Estimated
	FY 2012-13	FY 2013-14	FY 2014-15
<b>State Administration</b>			
Judicial Branch	1,061	1,052	1,037
State Controller's Office	792	40	0
California Health Facilities Financing Authority <ul style="list-style-type: none"> <li>Mobile Crisis Services Grants</li> </ul>	0	4,500	4,000
Office of Statewide Health Planning and Development	9,738	5,605	3,869
Department of Health Care Services	8,267	9,992	9,309
Department of Public Health <sup>7</sup>	2,283	17,201	18,537
Department of Developmental Services <ul style="list-style-type: none"> <li>Contracts with Regional Centers</li> </ul>	1,128	1,128	1,176
Mental Health Services Oversight & Accountability Commission <sup>8</sup> <ul style="list-style-type: none"> <li>Triage Grants beginning January 2014 (\$32.0 M annually)</li> </ul>	6,850	40,310	41,244
Department of Education	155	183	131
Board of Governors of the California Community Colleges	103	128	84
Financial Information System for California	130	225	70
Military Department	559	1,358	1,360
Department of Veterans Affairs <ul style="list-style-type: none"> <li>Provide information on local mental health services to veterans and families</li> </ul>	493	506	504
Statewide General Admin Exp (Pro Rata)	13	0	0
<b>Total Administration</b>	<b>\$31,572</b>	<b>\$82,228</b>	<b>\$81,321</b>
<b>Total of Local Assistance and Administration</b>	<b>\$1,632,471</b>	<b>\$1,471,096</b>	<b>\$1,448,852</b>

**Table 3c: Mental Health Services Act Expenditures**

<sup>7</sup> Excluded prior year carryover funds (\$15.0 million). Carryover funding is not included in the FY 2013-14 State Admin cap.

<sup>8</sup> A portion of these funds were reappropriated and will be authorized for expenditure to the extent funds are available within the state administrative cap.

### State Administrative Cap

	-	-	-
Total Estimated Revenue	\$1,684,700	\$1,454,700	\$1,737,700
Administrative Percentage Cap	3.5%	5%	5%
Estimated Administrative Cap	\$58,965	\$72,735	\$86,885
Total Administration	\$31,572	\$82,228	\$81,321
<b>Difference</b>	<b>\$27,393</b>	<b>(\$9,493)</b>	<b>\$5,564</b>

Based upon estimated MHSA revenues, the 5-percent administrative cap is \$72.7 million and administrative expenditures are estimated at \$82.2 million for 2013-14. The amount exceeding the administrative cap in 2013-14 has been reappropriated subject to available funds in future years. For 2014-15, the projected 5-percent administrative cap is \$86.9 million and the total projected expenditures are \$81.3 million.

## STATEWIDE COMPONENT ACTIVITIES

### 1. Community Services and Support (CSS)

CSS, the largest component, is 80% of county MHSA funding. CSS funds direct services to individuals with severe mental illness. These services are focused on recovery and resilience while integrating the service experience for clients and families. CSS has four service categories:

- 1) Full Service Partnerships;
- 2) General System Development;
- 3) Outreach and Engagement; and,
- 4) MHSA Housing Program.

#### Full Service Partnerships (FSPs)

FSPs consist of a service and support delivery system for public mental health systems hardest to serve clients described in Welfare and Institutions Code (WIC) Sections 5800 et. seq (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children's System of Care). The FSP is designed to serve Californians in all phases of life that experience the most severe mental health challenges because of illness or circumstance. FSPs provide substantial opportunity and flexibility in services for a population that has been historically underserved and greatly benefits from improved access and participation in quality mental health treatment and support services. FSPs provide wrap-around or “whatever it takes” services to clients. The majority of CSS funds are dedicated to FSPs.

A UCLA study<sup>9</sup> of FY 2008-09 and FY 2009-10 expenditures found that FSPs showed significant cost savings:

- A cost savings of \$1.27 for every MHSA dollar spent
  - Total MHSA dollars spent for new enrollees: \$142 million
  - Total cost offset savings: \$162 million
- As more people are being served by FSPs, overall costs continue to be offset by savings in other areas: incarceration, psychiatric hospitalization and homelessness
- It costs, on average, about \$20,000 a year or \$55 a day to treat a seriously mentally ill person in a FSP

This UCLA study also showed significant results for FSP participants when compared with their experiences in the 12 months prior to enrolling in a FSP:

- 3,513 fewer arrests, resulting in 80,377 fewer days spent in jail

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<sup>9</sup> (UCLA Center for Healthier Children, Full Service Partnerships, California's Investment, April 2013)

- 977 fewer psychiatric hospitalizations, resulting in 39,313 fewer days spent in psychiatric hospital care
- 672 fewer prisoners, resulting in 88,268 fewer days in state prisons
- 452 fewer detained youth, resulting in 42,105 fewer days in juvenile sentences
- 321 fewer people admitted to long term care facilities, resulting in 71,877 fewer days spent in long term care.

The entire report can be viewed from the Mental Health Services Oversight and Accountability Commission (MHSOAC) website at the following link:

[http://www.mhsoac.ca.gov/Evaluations/docs/MHSA\\_CostOffset%20Report\\_FSP\\_byCounty\\_201304.pdf](http://www.mhsoac.ca.gov/Evaluations/docs/MHSA_CostOffset%20Report_FSP_byCounty_201304.pdf)

### General System Development (GSD)

GSD funds are used to improve programs, services and supports for the identified initial full service populations, and for other clients consistent with the MHSA target populations. GSD funds help counties improve programs, services and supports for all clients and families to change their service delivery systems and build transformational programs and services. Examples services include client and family services such as peer support, education and advocacy services, and mobile crisis teams. GSD programs also promote interagency and community collaboration and services, and develop the capacity to provide values-driven, evidence-based and promising clinical practices. This funding may only be used for mental health services and supports to address the mental illness or emotional disturbance.

### Outreach and Engagement (O/E) Activities

Outreach and engagement activities are specifically aimed at reaching unserved populations. The activities help to engage those reluctant to enter the system and provide funds for screening of children and youth. Examples of organizations that may receive funding include racial-ethnic community-based organizations, mental health and primary care partnerships, faith-based agencies, tribal organizations and health clinics.

A UCLA study<sup>10</sup> of CSS plans, FY 2011-12 Annual Updates, and FY 2009-10 expenditures determined the following:

- Outreach is conducted by 80 to 95 percent of the counties, depending upon the age group

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<sup>10</sup> (UCLA Center for Healthier Children, California's Investment in the Public Mental Health System: Prop 63 Expenditures and Activities - A Snapshot of Outreach and Engagement (Fiscal Year 09-10), 2013)

- The total number reached (all ages combined) in FY 2009-10 equaled 89,533, with 44 counties documenting the actual numbers reached, either by age group, or across ages
- Most counties reported O/E efforts to Hispanic/Latinos as a priority underserved/unserved population;
- Approximately 34 percent of counties reported also reaching individuals speaking other languages and/or Asian languages (29 percent)
- Other populations of focus include LGBTQ (25 percent) and veterans (11 percent)
- Approximately \$71.2 million was expended during FY 2009-10 on O/E activities (48 counties reporting)

The entire report can be viewed from the Mental Health Services Oversight and Accountability Commission website at the following link:

[http://www.mhsoac.ca.gov/Evaluations/docs/MHSA\\_OE\\_Report\\_201304.pdf](http://www.mhsoac.ca.gov/Evaluations/docs/MHSA_OE_Report_201304.pdf)

### MHSA Housing Program

DHCS continues to partner with the California Housing Finance Agency (CalHFA), and the California Mental Health Directors Association (CMHDA), on the MHSA Housing Program to create additional units of permanent supportive housing for individuals with mental illness and their families who are homeless or at risk of homelessness. Since the implementation of the MHSA Housing Program in August 2007, over \$400 million in MHSA funds have been made available to county mental health departments to meet the supportive housing needs of the local mental health community. The MHSA Housing Program funds have created over 2,294 units of supportive housing for persons who are homeless with a serious mental illness. These funds also keep the units affordable for the next 20 years.

The MHSA Housing Program provides both capital and operating subsidy funding for the development of permanent supportive housing for individuals with serious mental illness and who are homeless or at risk of homelessness. Affordable housing with necessary supports has proven effective in assisting individuals in their recovery.

Through March 31, 2014, 191 MHSA Housing Applications have been received from 40 counties and two cities. 168 of these applications have received loan approval creating 2,294 units of supportive housing for the homeless, mentally ill. Of these applications that have received loan approval, 101 projects consisting of 1,482 MHSA units are either occupied or ready for occupancy. As of January 30, 2014, approximately \$54 million dollars of MHSA Housing Program funds remain uncommitted. This amount includes MHSA Housing Program funds, any interest

earned through assignment of funds to CalHFA, and additional funds assigned to CalHFA by counties.

### Program Highlights

Los Angeles County continues to lead the State in the number of supportive housing units in development. As a result of a one-time planning estimate of \$115.5 million, Los Angeles County, Department of Mental Health has sponsored 41 MHSAs Housing Developments, resulting in 1,094 supportive housing units and 559 dedicated MHSAs units. These MHSAs housing developments serve transition age youth (TAY), adults, older adults and families. (Health, 2012) This housing effort is one of several initiatives that Los Angeles County attributes to reducing homelessness in Los Angeles where, in 2011, the Los Angeles Homeless Services Authority (LAHSA) estimated there were 51,340 homeless individuals. LAHSA homeless data also suggests 33 percent of those individuals live with mental illness.

Recently, two MHSAs Housing Program Developments were recognized for top-rated electrical efficiencies by design and were awarded Energy Efficiency Integration Awards. Both MHSAs housing developments have lowered operating electrical costs to the residents while significantly increasing property value related to the energy source sustainability design. Using modern design and architecture modifications, Sobrato Gilroy Apartments and El Camino Family Housing apartments offer residents efficient, sustainable, clean energy sources, and top rated efficiency standards that demonstrate innovative energy solutions for future multifamily housing developments to consider. These MHSAs Supportive Housing Developments offer a full continuum of community-based living options that represent promising long term financial solutions in managing quality affordable and supportive housing.

The Sobrato Gilroy Apartments located in Santa Clara County is a new construction development located in Gilroy, California and consists of 35 affordable units of which 17 are designed for MHSAs eligible adults. The total development cost is \$16,388,486 of which \$3,400,000 MHSAs dollars have been committed. Sobrato is Leadership in Energy & Environmental Design (LEED), Platinum Certified, and built with 100% recycled content from local suppliers. MHSAs tenants are provided with energy efficient appliances, water efficient landscaping, and built with low Volatile Organic Compounds in all paint. Water heaters and common ground electrical usage including lighting is solar powered and runs at no expense to the development or tenants. For additional information regarding Sobrato Gilroy Apartments of Santa Clara County access the following link:

[http://www.scounty.org/fh\\_homeless/Housing\\_GS-LEED\\_Platinum.html](http://www.scounty.org/fh_homeless/Housing_GS-LEED_Platinum.html)

The El Camino Family Housing Development of San Mateo County is a former mobile home park of South San Francisco that has been transformed into 109

affordable apartment housing community for mixed populations. Twenty of these units are set aside for MHSA eligible tenants. El Camino converted this low density population development into a maximum density population development of 109 affordable units all on 2-acres. El Camino is logistically located near major bus lines, BART, and South San Francisco public schools. The total development cost is \$48,001,809 of which the MHSA contributed \$2,163,200. For additional information on El Camino Family Housing Development of San Mateo County, access the following link:

<http://www.smchealth.org/sites/default/files/docs/MHSAHousingMidPenProject030310.pdf>

## **2. Capital Facilities and Technological Needs (CF/TN)**

This component supports the infrastructure needed to support implementation of the MHSA which includes funding to improve or replace existing technology systems and to develop capital facilities to meet increased needs of the local mental health system. Counties received \$453.4 million for CF/TN projects and have through FY 2017-18 to expend these funds.

Funding for Capital Facilities (CF) is to be used to acquire, construct, and/or renovate facilities that provide services and/or treatment for those with severe mental illness, or that provide administrative support to MHSA funded programs. Funding for Technological Needs (TN) is used to fund county technology projects with the goal of improving access to and delivery of mental health services.

## **3. Workforce Education and Training (WET)**

Pursuant to WIC Section 5820, the OSHPD administers statewide mental health programs that support the increase of qualified medical service personnel serving the severely mentally ill.

### Statewide WET Programs

#### Program Activities

Due to the varying nature of contract completion dates, some programs may not reflect Fiscal Year (FY) 2013-14 outcomes data. The most updated outcomes will be reported as the information is submitted to OSHPD.

Under the current WET Five-Year Plan (April 2008 – April 2013) the following activities occurred:

- Song-Brown Residency Program for Physician Assistants (PA) in Mental Health (\$500,000 annual allocation) supports PA programs that train

second-year residents to specialize in mental health including administering and managing psychotropic medications, completing rotations in psychiatry/behavioral medicine, training in tele-psychiatry, and didactic and clinical training in mental health services.

- To date, there have been 18 applications that resulted in six programs being awarded for a total of \$1,846,044 (some programs were awarded multiple times). As a result, 1,382 students benefited from the mental health training they received.
- Stipend Program (\$10 million annual allocation) facilitates nine contracts with educational institutions for mental health professionals to practice in underserved locations of California in exchange for doing supervised hours and a 12-month service obligation in the County Public Mental Health System (PMHS).
  - As of June 30, 2013, 2,205 individuals were awarded a stipend, performed their field placement in the PMHS and subsequently were employed. Of the 2,205 stipend awardees, 61% were from under-represented communities and 53% spoke another language in addition to English.
- Psychiatric Residency Programs (\$1.35 million annual allocation) supports educational institutions to add psychiatric residency rotations and fund psychiatric residency staff to co-locate in the PMHS and conduct their rotations in the community. OSHPD administers this program through one contract with the University of California, Davis (UC Davis). In FY 2012-13, the residency program supported 14 psychiatric residents. Of those, 86% were from under-represented communities and 80% spoke at least one language in addition to English.
- Statewide Technical Assistance Center (\$800,000 annual allocation) provides training and technical assistance services to county mental health agencies with recruitment, hiring, training, supporting, and retaining a multicultural consumer, family member, and parent/caregiver workforce. The Statewide Technical Assistance Center is administered by OSHPD through one contract with Working Well Together (WWT). Through this contract, WWT performed the following activities in FY 2012-13:
  - Developed curricula and offered trainings to support the recruitment, employment, and integration of consumers and family members in the PMHS;
  - Provided individualized assistance to counties geared toward increasing representation of consumers and family members in the workforce;
  - Engaged stakeholders in monthly teleconferences, webinars, and work groups;
  - Organized a statewide summit of peer specialists on May 17, 2013 and a subsequent report; and
  - Created tools and reports, including a report on peer certification for use by professionals working in PMHS.

- Regional Partnerships (RPs) (\$3 million annual allocation) is jointly administered by the DHCS and OSHPD RPs. Five RPs representing Bay Area, Central Valley, Southern, Los Angeles, and Superior Region counties have been established. As consortia of county departments of mental health, community based organizations (CBOs), and educational institutions in their respective regions, RPs plan and implement programs that build and improve local workforce education and training resources. The RPs represents diverse counties, agencies, and organizations committed to expanding the PMHS in respective regions. In FY 2012-13 RPs provided programming and technical assistance that promoted County Department of Mental Health-CBO collaborations. RPs also provided skill development training for staff, providers, volunteers, consumers and family members on topics such as suicide prevention, motivational interviewing, “Seeking Safety”, and other evidence-based practices.
- Mental Health Shortage Designation Program (\$135,416 annual allocation) increases federal workforce funding by expanding the number of California communities recognized by the federal Health Resources and Services Administration (HRSA) as having a shortage of mental health professionals.
- As of December 2013, 153 Mental Health Professional Shortage Areas (MHPSA) have been designated in California. There are 5,967,314 Californians living in these areas. For the calendar year of 2013, there have been 26 MHPSA applications submitted to the federal government and 24 approved MHPSA designations. These underserved communities are able to recruit and retain clinicians through the National Health Service Corps (NHSC) Loan Repayment Program and OSHPD’s State Loan Repayment Program (SLRP).
- Mental Health Loan Assumption Program (MHLAP) (\$10 million annual allocation) encourages mental health professionals to practice in underserved locations of California by providing qualified applicants up to \$10,000 in loan repayment in exchange for a 12-month service obligation in a designated hard-to-fill or hard-to-retain position in the County PMHS.
- As of June 30, 2013, MHLAP received more than 9,345 applications requesting over \$21,200,000. In FY 2012-13, MHLAP awarded 1,109 individuals a total of \$9,383,649. Of those awardees, 54% self-identified as consumers and/ or family members and 55% spoke a language in addition to English.

### Program Highlights

Per WIC Section 5820, OSHPD is charged with the development of the WET Five-Year Plan. To develop a comprehensive plan, in 2013 OSHPD employed a robust process that included the engagement of counties, diverse and extensive stakeholder groups, and independent research, evaluation and analysis of public mental health workforce trends and needs. On January 17, 2014, the California Mental Health Planning Council approved the MHSA WET Five-Year Plan 2014-2019. The WET Five-Year Plan provides a framework on strategies that state government, local government, community partners, education institutions, and other stakeholders can pursue to further efforts to remedy the shortage of qualified individuals to provide services to address those who are at risk of or have a severe mental illness.

A full copy of the WET Five-Year Plan can be found via the following link: <http://www.oshpd.ca.gov/HWDD/pdfs/WET/WET-Five-Year-Plan-2014-2019-FINAL.pdf>

#### **4. Prevention and Early Intervention (PEI)**

The MHSA devotes 20% of MHSA funds to PEI. The overall purpose of the PEI component is to prevent mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for underserved populations. The PEI component enumerates outcomes that collectively move the public mental health system from an exclusive focus on late-onset crises to inclusion of a proactive “help first” approach.

PEI focuses on reducing the following negative outcomes that may result from untreated mental illness; suicide, incarceration, school failure or drop out, unemployment, homelessness, prolonged suffering, and removal of children from their homes.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is responsible for providing PEI policy direction in the form of regulations to support the following key MHSA intended outcomes: increased recognition of and response to early signs of mental illness, increased access to treatment for people with serious mental illness, improved timely access to services for underserved communities, reduced stigma associated with either being diagnosed with a mental illness or seeking mental health services, and reduced discrimination against people with mental illness.

### Program Highlights:

Based on preliminary results of a MHSOAC evaluation, PEI programs and activities in Fiscal Year 2011-12 provided services to over 400,000 people. An estimated 75% of counties offered programs to address risk of mental illness (prevention), 71% offered programs to intervene early in the onset of a mental illness (early intervention), and 75% offered programs to bring about other MHSA PEI goals. Counties' PEI-funded efforts were approximately evenly distributed among programs that addressed risk (30%), early onset (32%), and other services (38%), including links to treatment, efforts to improve timely access to services for underserved populations, outreach to increase identification of early signs and symptoms of mental illness, and/or strategies to reduce stigma and discrimination related to mental illness and to seek mental health services.

On November 21, 2013, the MHSOAC approved draft regulations for PEI-funded services. These regulations are focused on the PEI outcomes articulated in the MHSA, while supporting maximum flexibility for counties to bring about these outcomes using program approaches that have demonstrated their effectiveness. The draft regulations strengthen requirements for consistent tracking of program activities and for the first time require counties to report evaluation results for all their PEI-funded programs.

### Statewide PEI Programs – California Mental Health Services Authority (CalMHSA)

Acting on behalf of participating county mental health departments, CalMHSA serves as a joint powers authority (JPA), and is responsible for implementation of three PEI statewide programs. Through June 30, 2013, 47 counties assigned a total of \$146.8 million of MHSA funds to CalMHSA for use in implementing statewide programs on: suicide prevention, student mental health, and stigma and discrimination reduction.

#### Suicide Prevention Highlights:

- Nearly 1,500 Californians have been certified in suicide crisis intervention.
- 126,925 hotline calls served.
- 279,533 website views and 104,557 mobile device views.

#### Student Mental Health Highlights:

- 153 educators have been certified to identify symptoms of mental illness.
- 8,700 participants in regional mental health demonstration programs.
- 76 of the 112 colleges (68%) have participated in one or more available trainings provided by CalMHSA.

#### Stigma and Discrimination Reduction Highlights:

- Documentary released on May 30, 2013 titled New State of Mind.

- Youth Stigma Reduction Campaign Released: [www.ReachOutHere.com](http://www.ReachOutHere.com)

## 5. Innovation (INN)

County mental health departments develop plans for Innovative (INN) Programs to be funded pursuant to paragraph (6) of subdivision (a) of Section 5892 of the Welfare and Institution Code (WIC). Counties shall expend funds for their INN programs upon approval by the MHSOAC pursuant to section 5830 of the WIC. The MHSOAC has the responsibility of leading the state in establishing policy and writing regulations for INN programs and expenditures (WIC Section 5846 a).

The INN component of the MHSA consists of 5% CSS and 5% of PEI and allows counties to design and test time-limited new or changed mental health practices that have not yet demonstrated their effectiveness.

The INN purpose is to infuse new effective mental health approaches into the mental health system, both for the originating county and throughout California. The MHSA-specified purposes for INN Projects, all of which relate to potential or actual serious mental illness and to mental health services and systems, are to increase access to underserved groups, increase the quality of services including measurable outcomes, promote interagency and community collaboration; and increase access to services. The county selects one of these as the primary purpose of an INN Project and addresses the primary purpose as a focus of its evaluation.

Counties use their INN funds to design, pilot, and evaluate a project that accomplishes one of the following: introduces new mental health practices or approaches, including but not limited to PEI; makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; or introduces to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings. Results of INN evaluations support the county and its community stakeholders to decide whether to continue the project, or elements of the project without INN funding.

### Program Highlights:

Preliminary results of an in-process MHSOAC evaluation of counties' use of INN funds indicate that all but four counties have at least one approved project. The MHSOAC has identified a total of 163 approved projects, 95 of which were approved by the MHSOAC and 68 approved locally prior to the passage of AB 1467, which restored responsibility to the MHSOAC to approve counties INN programs and expenditures. Not all of these INN programs have been implemented.

On November 21, 2013, the MHSOAC approved draft regulations for INN funded services. Regulations focus on the use of Innovation funds for time-limited projects, with a focus on evaluation to support county decision-making and dissemination. The MHSOAC is currently in the early stages of an evaluation on INN with a focus on assessing counties' evaluations and use of evaluation data.

## STATE ADMINISTRATIVE EXPENDITURES

Below are the administrative expenditures for state entities receiving MHSA funding:

### Judicial Branch

FY 2012-13	FY 2013-14	FY 2014-15
\$1,061,000	\$1,052,000	\$1,037,000

### Juvenile Court System

The Judicial Branch, Juvenile Court System receives funding and 4.0 positions to address the increased workload relating to mental health issues in the area of PEI for juveniles with mental illness in the juvenile court system or at risk for involvement in the juvenile court system.

The Juvenile Mental Health Project focuses its efforts in the following areas:

- Staffing the juvenile subcommittee and juvenile competency working group as part of the work of the Mental Health Issues Implementation Task Force whose focus is on implementation of the 137 recommendations made by the Task Force for Criminal Justice Collaboration on Mental Health Issues in its final report. Section 6 of this report specifically addresses juvenile mental health issues. This information can be viewed at the following link:  
[http://www.courts.ca.gov/documents/Mental\\_Health\\_Task\\_Force\\_Report\\_042011.pdf](http://www.courts.ca.gov/documents/Mental_Health_Task_Force_Report_042011.pdf)
- Identifying best practices for juveniles with mental illness in the delinquency and dependency courts; designing and implementing evaluation projects of California juvenile mental health courts.
- Identifying model court protocols when responding to juveniles with mental illness in the delinquency and dependency court systems.
- Staffing workgroups focusing on mental illness and co-occurring disorders with special focus on the issue of juvenile competency and the delinquency court.
- Developing and disseminating resource materials for judicial officers and court professionals on research papers related to mental health screenings, assessments, risk assessments, recidivism in the juvenile justice system, performance measurements, and integrating evidence-based practices into justice system practices.
- Identifying and developing mental health issues training for judicial officers and interdisciplinary teams working with juvenile offenders with mental illness.
- Providing juvenile and family court judges with interdisciplinary conferences including Beyond the Bench, annual juvenile primary assignment orientations, juvenile law and family institutes and annual Youth Court Summit.
- The Administrative Office of the Courts (AOC) published a briefing that discusses the definition and scope of human trafficking, risk factors for becoming a trafficking victim, the dynamics of how perpetrators maintain trafficking victims,

and how trafficking cases present themselves in courtrooms. The document demonstrates overlap between human trafficking and mental health issues. The information can be located at the following link:

[http://www.courts.ca.gov/documents/AOCBrief\\_Human\\_Traficking.pdf](http://www.courts.ca.gov/documents/AOCBrief_Human_Traficking.pdf)

- Youth education efforts focused on impacting stigma and discrimination with sessions focused on teen dating violence and hate crime reduction.

Additional program information can be accessed at the following link:

<http://www.courts.ca.gov/5982.htm>

### Adult Court System

The Judicial Branch, Adult Court System also receives funding and 3.0 positions to address the increased workload relating to adults in the mental health and criminal justice systems.

The Adult Mental Health Court Project provides support for a variety of activities including providing technical assistance and resource information for new and/or expanding mental health courts. In addition, project staff provides support in the following areas:

- Staffing the Mental Health Issues Implementation Task Force, focused on implementation of the 137 recommendations made by the Task Force for Criminal Justice Collaboration on Mental Health Issues.
- Maintaining and updating the roster of collaborative justice courts including mental health and related courts in the state and providing information upon request to court and justice system partners, state and national policymakers, and the public.
- Assisting the courts in responding to adult court users with mental illness in all case types such as probate, family, criminal, and elder law courts.
- Educational support for judicial officers, court staff, and interdisciplinary teams regarding effective courtroom and case management, and evidence-based supervision practices.
- On-going support for interdisciplinary programs such as the Administrative Office of the Courts, Beyond the Bench, as well as programs in conjunction with the California State Bar Association, the California Association of Collaborative Courts, the American Bar Association, and the California Homeless Court Coalition.
- Staffing the veterans' issues subcommittee of the Collaborative Justice Courts Advisory Committee focusing on support of judicial officers and interdisciplinary teams working with military families and veterans in the court system.
- Developing resource materials for judicial officers and court professionals including tip sheets, checklists, briefing papers on effective practices, and other resource materials.
- A preliminary release of an evaluation report for the reentry court pilot project is now available which analyzes the high revocation rates of California's parolees

and alternatives to prison for parole violators with a history of substance abuse and/or mental illness.

<http://www.courts.ca.gov/documents/CA-Reentry-Cts-PrelimFind.pdf>

<http://www.courts.ca.gov/documents/AOCBriefParolee0612.pdf>

More information can be located at the following link:

<http://www.courts.ca.gov/5982.htm>

### State Controller's Office (SCO)

FY 2012-13	FY 2013-14	FY 2014-15
\$792,000	\$40,000	\$0

The SCO received MHSA funds to support the 21st Century Project, the development of a new Human Resource Management System (HRMS) payroll system for use by state departments. As of FY 2013-14, the 21<sup>st</sup> Century Project is no longer being implemented.

### Office of Statewide Health Planning and Development (OSHPD)

FY 2012-13	FY 2013-14*	FY 2014-15*
\$9,738,000 SO	\$15,606,000 SO	\$13,869,000 SO
\$11,219,000 LA	\$36,744,000 LA	\$12,752,000 LA

\*Display only: Figures reflect breakout of State funding sources (State Operations and Local Assistance), not the amounts designated for the MHSA State Administrative 5% cap.

Fiscal Year (FY) 2012-13 reflects actual expenditures. The FY 2013-14 appropriation includes the base budget, as well as:

- funding for peer support crisis training and RPs,
- unexpended funds from prior years,
- unallocated funds, and
- current-year adjustments.

The FY 2014-15 appropriations includes the base budget, \$102,000 in unexpended funds, and budget year adjustments.

### FY 2013-14 Positions and Administrative Costs (OSHPD)

In FY 2013-14 administrative costs, excluding Mental Health Loan Assumption Program (MHLAP) funds are \$3,480,120; in FY 2014-15 the costs are projected to be \$3,539,116.

In FY 2013-14, the cost of the 1.0 Full-Time Equivalent (FTE) that is dedicated to WET is \$101,572; in FY 2014-15, the cost is projected to be \$101,687.

There are 7.0 full-time employees working on other WET funded programs including 6.0 for MHLAP and 1.0 for the Mental Health Professional Shortage Area Designations.

In FY 2013-14, \$1,346,000 was distributed for personnel, evaluation activities supporting mental health programs and operating expense and equipment costs in the following manner:

<b>Administrative</b>		
MHLAP Staff Support	\$436,000	Support the MHLAP program
MHLAP Operating Expense and Equipment	\$602,000	Support the MHLAP program
WET Staff Support	\$102,000	Support the WET programs
WET Operating Expense and Equipment	\$10,000	Support the WET programs
Evaluation	\$196,000	Evaluates the Five-Year Plan (2008-2013) and provides a needs assessment
<b>Total, Administrative</b>	<b>\$1,346,000</b>	

In FY 2013-14, \$52,349,000 was distributed programmatically in the following manner:

<b>Program</b>		
Stipends	\$10,000,000	In exchange for a stipend, students perform their supervised hours in the PMHS and work for 12 months in the PMHS
Song-Brown Residency Program for PAs in Mental Health	\$500,000	Supports PA programs that train second-year residents to specialize in mental health including administering and managing psychotropic medications, completing rotations in Psychiatry/Behavioral Medicine, training in Tele-psychiatry, and didactic and clinical education in mental health services
Psychiatric Residency Programs	\$1,350,000	Adds psychiatric residency rotations and fund psychiatric residency staff to co-locate and conduct their rotations in PMHS
MHLAP	\$10,000,000	Provides qualified applicants with loan

		repayment in exchange for employment in the PMHS	
Statewide Technical Assistance Center	\$800,000	Provides training and technical assistance services to county mental health agencies regarding recruitment, hiring, training, supporting, and retaining a multicultural consumer, family member, and parent/caregiver workforce	
Peer Support Crisis Training	\$2,000,000	Facilitates the deployment of peer personnel as an effective and necessary service to the clients and family members, and as triage and targeted case management personnel.	
FY 2012-13 funds available from the Stipends Program	\$278,000	These funds will be utilized as part of the Five-Year Plan (2014-2019)	
FY 2012-13 funds available from the Psychiatric Residency Program	\$876,000		
FY 2012-13 funds available from the Song Brown Mental Health Program	\$431,000		
FY 2013-14 Budget Augmentation from Prior Year Unspent WET Contracts (2013-14 BCP)	\$7,509,000		
FY 2009-10 through FY 2012-13 Prior Year Unspent MHLAP	\$1,795,000		
FY 2013-14 Budget Augmentation from Prior Year unspent 2008-09 MHLAP (2013-14 BCP)	\$330,000		
Unallocated	\$6,000,000		
Regional Partnerships	\$9,000,000		Counties have been grouped into five RPs which expand outreach to multicultural communities, increase diversity, reduce stigma associated with mental illness and promote the use of web-based technologies and distance learning techniques (\$3 million annual allocation)
Shortage Designation	\$135,000		Assists counties applying for federal

Program		designation as mental health professional shortage areas.
Sub-Total, Program	\$51,004,000	
Sub-Total, Administrative	\$1,346,000	
<b>Total, Program and Administrative</b>	<b>\$52,350,000</b>	

Additional information can be located at the following link:

<http://oshpd.ca.gov/HWDD/WET.html>

### Department of Health Care Services (DHCS)

<b>FY 2012-13</b>	-	-
\$8,267,000 (SO)	\$9,992,000 (SO)	\$9,309,000 (SO)
\$1,589,680,000 (LA)	\$1,340,000,000 (LA)	\$1,340,000,000 (LA)

Total of 19.0 positions funded.

#### DHCS Mental Health Services Division (DHCS-MHSD):

The DHCS-Mental Health Services Division (DHCS-MHSD) is responsible for overseeing the development and reporting of MHSA outcomes and the tracking, distribution, and reporting of MHSA funds. During FY 2013-14, DHCS developed the county performance contracts. DHCS continues to review the current allocation methodology for monthly distribution of MHSA funds; develop Annual Revenue and Expenditure Report (RER) forms and review county RER submissions; review issues submitted through the Issue resolution Process; and, review and amend MHSA regulations. DHCS-MHSD collaborates with various state and local government departments and community providers related to suicide prevention, stigma and discrimination reduction, and student mental health activities.

#### California Mental Health Planning Council:

The California Mental Health Planning Council (CMHPC) is mandated by federal law pursuant to Public Law 102-321 and state law pursuant WIC sections 5771, 5771.3, 5771.5, and 5772. The CMHPC is charged with advocating for children with serious emotional disturbances and adults and older adults with serious mental illness by providing oversight and accountability of the public mental health system. The CMHPC also advises the Administration and the Legislature on priority issues, including participation in statewide planning.

Additional information on the CMHPC can be viewed here:

<http://www.dhcs.ca.gov/services/MH/Pages/MH-PlanningCouncil.aspx>

#### Contracts:

DHCS contracts with the California Institute for Mental Health (CiMH) to provide statewide technical assistance to improve the implementation of MHSA and MHSA funded programs. The contract is funded at \$4.144 million per year. CiMH provides a number of trainings and online learning modules, webinars, and conference trainings in fulfillment of the MHSA for SFY 2013-14. Highlights for statewide activities include:

- Advancing Recovery Practice, focused on making changes within the public mental health system to support improved recovery for individuals with serious mental illness.
- Care Integration Collaborative, collaborative activity where primary care, mental health and substance abuse providers with safety net plans to develop care coordination process to support shared complex client needs.
- Small County Care Integration, supporting small county behavioral health departments identify and address physical and wellness needs of their clients as well as building linkages with primary care providers.
- Building Capacity of Ethnic and Cultural Community Based Organizations, designed to increase the capacity of CBOs to provide mental health, prevention and support services for underserved and un-served ethnic and cultural populations in a healthcare reform environment.

DHCS also contracts with the University of California Los Angeles (UCLA) to conduct a mental health phone survey that captures data on adults and youth sample groups throughout California as a part of the California Health Interview Survey (CHIS). This contract is funded at \$800,000 per year. This field assessment tool estimates the health status and measures access to healthcare services of an estimated 1.6 million adults ages 18-64 served in the community mental health system. DHCS relies on this survey's information to measure mental health service needs and mental health program utilization. A CHI specifically measures the following:

- Estimate of the prevalence of mental disorders in California
- Estimate of the number of persons who are not receiving mental health services that are in need of them
- Estimates of the number of clients who are receiving insufficient services

### Department of Public Health (DPH)

FY 2012-13	FY 2013-14*	FY 2014-15
\$2,283,000	\$17,201,000	\$18,537,000

\* Excluded prior year, FY 2012-13, carryover funds (\$15.0 million). Carryover funding is not included in the FY 2013-14 State Admin cap. Estimated FY 2013-14 expenditures are \$32,201,000.

A total of 5.0 positions are currently supported with MHSA State Operations funding; however, in FY 2014-15, Office of Health Equity (OHE) projects an additional 4.0 staff using MHSA funds.

The OHE implements the California Reducing Disparities Project (CRDP) which is designed to improve access, quality of care, and increase positive outcomes for the (5) legislatively mandated groups of: African Americans, Asian Pacific Islanders, Latinos, Native Americans and Lesbian Gay Bisexual Transgender and Questioning (LGBTQ) individuals. The CRDP received a \$60 million legislative commitment to use over the course of four fiscal years FY 2012-13 through FY 2016-17.

### Program Highlights and Key Activities

FY 2013-14:

- DPH and DHCS have entered into an Interagency Agreement that will increase state level collaboration and develop a baseline mental health disparity and inequality report (e.g., SAMHSA Block Grant development, Performance Contracts, and the 1915 B. Waiver).
- Renew CRDP Phase I contracts for the five Strategic Planning Workgroups, California MHSAs Multicultural Coalition (CMMC), and CRDP Plan writer.
- Implementation of CRDP Phase II Request for Proposal (RFP) solicitations.
- Procurement of Cultural Competent Consultants in support of CRDP Phase II goals of promoting health and mental health equity.
- Award of the Phase II RFPs.
- Administrative support to the Office of Health Equity Advisory Committee (OHE-AC) objectives of achieving health and mental health equity for vulnerable populations of California.

California's draft Statewide Plan to Promote Health and Mental Health Equity can be viewed here:

<http://www.cdph.ca.gov/programs/Pages/OHEStrategicPlan.aspx>

### OHE Outreach and Engagement Partners:

The OHE Community Development and Engagement Unit (CDEU) staff actively participates in the following committees:

- Mental Health Services Oversight and Accountability Commission (MHSOAC) Cultural and Linguistic Competence Committee (CLCC)
- Mental Health Services Oversight and Accountability Commission (MHSOAC) Services Committee
- MHSAs Partners Forum
- California Mental Health Directors Association (CMHDA) Cultural Competence, Equity, and Social Justice Committee
- California Mental Health Planning Council (CMHPC)
- California Institute for Mental Health (CiMH)
- Superior Region Ethnic Service Managers
- Central Region Ethnic Service Managers
- Southern Region Ethnic Service Managers

- California Committee on Employment of People with Disabilities
- Workgroup to Eliminate Disparities and Disproportionality
- California MHSA Multicultural Coalition (CMMC)

**California Reducing Disparities Project (CRDP) Engagement and Outcome Activities:**

- A total of 1,195 “unduplicated” individuals statewide participated in the African American CRDP, including Strategic Planning Workgroup members, consultants, advisors, contractors, volunteers, as well as participants in focus groups, surveys, individual interviews and public forums.
- A total of 198 API community members participated in the focus groups throughout the state providing input on ongoing barriers for accessing mental health services and identifying community promising practices that support mental wellness in the API community.
- An estimated 1,100 Latinos participated in community forums in four designated mental health regions in the state offering their perspectives on mental health services and strategies to reduce disparities
- A total of 314 Native American community members and staff from behavioral health related programs participated in 11 Regional Focus Group Gatherings.
- Over 3,000 California residents who identify somewhere on the LGBTQ spectrum responded to the Community Survey, which was developed by hosting 12 Community Dialogue meetings, drawing over 400 people who provided input into the survey development.

Additional Information on the OHE can be viewed here:

<http://www.cdph.ca.gov/programs/Pages/OHEMain.aspx>

[http://www.cdph.ca.gov/programs/Pages/CaliforniaReducingDisparitiesProject\(CRDP\).aspx](http://www.cdph.ca.gov/programs/Pages/CaliforniaReducingDisparitiesProject(CRDP).aspx)

**Department of Developmental Services (DDS)**

<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>
\$389,000 SO	\$388,000 SO	\$436,000 SO
\$739,000 LA	\$740,000 LA	\$740,000 LA

Total of 3.0 positions funded.

DDS receives MHSA funding to administer a statewide community-based system of mental health services for Californians with developmental disabilities. DDS distributes MHSA funds to Regional Centers (RCs) throughout California, utilizing a competitive application process.

**Program Highlights and Facts:**

In FY 2011-12 through 2013-14, DDS awarded funds to six RCs to enhance community capacity, improve the mental health system, and integrate mental health services into the developmental disabilities system. RC MHSA Projects uniformly provide:

- Evidence-based and performance-based programs and services.
- A multi-disciplinary collaborative process identifying local needs and issues.
- A mechanism to share information and resources statewide (such as webinars, web pages, and databases).
- As of February 25, 2014, 3,442 consumers, family members, advocates, and professionals participated in these innovative projects.

DDS posted the Request for Application (RFA) for Cycle III with the term of FY 2014-15 through 2016-17 in February 2014. All applications for this new cycle were due April 2014. The following project priorities were developed with stakeholder input and will be used to award projects that:

- Meet the mental health needs of consumers who are at risk for entering emergency rooms, psychiatric hospitals, juvenile detention centers, jails, or prisons.
- Develop and/or use technological applications to increase access to services for target populations.
- Provide new and enhanced specialized services and supports for transitional age youth (TAY) with developmental disabilities and mental illness.
- Develop a California-focused statewide handbook for TAY with developmental disabilities and mental illness.
- Enhance cultural competency among clinicians in order to effectively assess, diagnose, and treat a diverse consumer population.
- Support consumers assessed as incompetent to stand trial.
- Develop partnerships with local law enforcement and other agencies to effectively identify, communicate, and respond to consumers with developmental disabilities and mental illness.
- Replicate existing model projects.

Additional MHSA-DDS information is located at the following website:

[http://www.dds.ca.gov/HealthDevelopment/MHSA\\_RFA.cfm](http://www.dds.ca.gov/HealthDevelopment/MHSA_RFA.cfm)

[http://www.dds.ca.gov/HealthDevelopment/MHSA\\_RCFundingInfo.cfm](http://www.dds.ca.gov/HealthDevelopment/MHSA_RCFundingInfo.cfm)

### Mental Health Services Oversight and Accountability Commission (MHSOAC)

FY 2012-13	FY 2013-14	FY 2014-15
\$6,850,000	\$40,310,000	\$41,244,000

FY 2013-14 administrative funds are utilized as follows:

Personnel	\$2,886,643
Triage Grant (SB 82)	\$32,000,000

Operations and Expenditures	\$5,423,357
<b>Total Admin. Funds</b>	<b>\$40,310,000</b>

The MHSOAC receives funding and 27 positions to support its statutory oversight and accountability for the MHSA.

The MHSA established the MHSOAC to oversee the MHSA and the community mental health systems of care. One of the priorities for the MHSOAC is to oversee and account for the MHSA in ways that support increased local flexibility and result in reliable outcome information documenting the impact of the MHSA on the public community mental health system in California. The MHSOAC is committed to accounting for the impact of the MHSA on the public mental health system in ways that are measurable and relevant to local and state policymakers and California communities.

The MHSOAC provides vision and leadership, in collaboration with government and community partners, clients, and their family members to ensure Californians understand mental health is essential to overall health. The MHSOAC holds public mental health systems accountable and provides oversight for eliminating disparities, promoting mental wellness, recovery and resiliency, and ensuring positive outcomes for individuals living with serious mental illness and their families.

Significant changes to California's public mental health system have occurred in recent years including: the elimination of the Departments of Mental Health (DMH) and Alcohol and Drug Programs (DADP); the release of MHSA funds directly to counties without state approval for funding or programs (with the exception of the Innovation Program Component); and the mandate to develop a comprehensive joint plan for coordinated evaluation of outcomes.

Some of the MHSOAC's primary roles include:

- Advising the Governor and Legislature regarding actions the state may take to improve care and services for people with mental illness.
- Ensuring MHSA funds are expended in the most cost-effective manner and services provided in accordance with recommended best practices.
- Oversight, review, training and technical assistance, accountability and evaluation of local and statewide projects supported by MHSA funds.
- Ensuring adequate research and evaluation regarding the effectiveness of services being provided and achievement of outcome measures.
- Approval of County Innovation programs.
- Receive and review county three-year program and expenditure plan, annual updates and annual revenue and expenditure reports.

The MHSOAC is also responsible for implementing and managing the SB 82 Triage Program. On January 23, 2014, the MHSOAC awarded triage grants. A list of counties awarded and grant amounts is included in Appendix 2.

Additional information regarding the MHSOAC is available on the following website links:

<http://www.mhsoac.ca.gov/>

[http://www.mhsoac.ca.gov/MHSOAC\\_Publications/Fact-Sheets.aspx](http://www.mhsoac.ca.gov/MHSOAC_Publications/Fact-Sheets.aspx)

### California Department of Education (CDE)

FY 2012-13	FY 2013-14	FY 2014-15
\$155,000	\$183,000	\$131,000

Total of 0.6 position is funded.

The California Department of Education (CDE) represents more than 6.2 million students and approximately 1,000 diverse and dynamic school districts. CDE receives MHSA funding to increase capacity in both staff and student awareness of mental health issues and promote healthy emotional development. MHSA funding leverages the non-competitive contract awarded by CalMHSA to serve Statewide Kindergarten through Twelfth Grade (K–12) Student Mental Health PEI stigma reduction strategies. This position builds relationships with local, state, national, and international agencies committed to identifying best and promising practices to share with the K–12 field.

#### Program Highlights:

- Develop and deliver the Training Educators through Recognition and Identification Strategies (TETRIS) workshops throughout the state. TETRIS provides training and professional development designed to increase knowledge and capacity needed to assist school staff in providing effective prevention and intervention strategies for students experiencing mental health issues, illness, and suicide risk.
- Develop the California Educator’s Guide to Student Mental Wellness. This guide is designed to help all school personnel recognize and support students with mental health issues.
- Coordination of the Student Mental Health Policy Workgroup (SMHPW), which provides policy recommendations on student mental health issues for the State Superintendent of Public Instruction and the California State Legislature.
- Dissemination of student mental health information and resources, including opportunities to participate in MHSA activities that reach more than 8,000 school staff, county and community mental health service providers, and other stakeholders via Listserv.

#### Presentations at the following conferences and committee meetings

- Annual State Migrant Parent Education Conference
- Annual American Indian Education Conference

- Annual California Mental Health Advocates for Children and Youth Conferences
- Annual California Para Educator's Conference
- Annual California School Boards Association Conference
- Mental Health Services Oversight and Accountability Commission's Cultural and Linguistic Competence Committee
- California Mental Health Planning Council

The CDE will identify and apply for additional funding to continue the TETRIS workshops, presentations at conferences, the work of the SMHPW, and embark on new work to increase capacity of school districts to address the mental health needs of students.

Additional information is available at the CDE Mental Health Web page at:

<http://www.cde.ca.gov/ls/cg/mh/>

### Board of Governors of the California Community Colleges Chancellors Office

FY 2012-13	FY 2013-14	FY 2014-15
\$103,000	\$128,000	\$84,000

This project supports 1.0 position at the Chancellor's Office.

The Board of Governors of the California Community Colleges Chancellor's Office (CCCCO) leads the country's largest system of higher education which includes 112 colleges and 72 college districts. MHSA funds support the CCCCCO with staff who have been developing policies and program practices to address the mental health needs of California community college students. The CCCCCO continues to implement the California Community Colleges Student Mental Health Program (CCC SMHP) in partnership with the Foundation for California Community Colleges (FCCC). The CCC SMHP leveraged MHSA staff as a resource to receive a competitive award from CalMHSA in 2011 for the amount of \$6.9 million. Subsequent to receiving this initial award, the CCC SMHP has applied for and received additional funding from CalMHSA for a total award of \$10.1 million.

#### Program Activity:

- Continued administration of 23 grants that serve 30 college campuses through faculty and campus staff training, suicide prevention strategies and the development of peer-to-peer resources. The keys to this campus work are collaborative partnerships with county mental health, CBOs, and California State University (CSU) and University of California (UC) campuses.
- Provided 26 webinars and multiple trainings to colleges, including 29 trainings by request and 42 customized trainings. Training topics include threat

assessment, Question, Persuade, and Refer (QPR), student veterans, peer-to-peer resources, and suicide prevention.

- Continue to provide all 112 colleges with access to online interactive suicide prevention training through Kognito Interactive. Recent additions to the course offerings include training that targets the needs of underserved populations of student veterans and LGBTQ students. To date, 12,648 students, faculty and staff have completed the suicide prevention training. A total of 82 colleges are actively accessing these resources. These resources will be available beyond the CalMHSa grant term.
- Developed 12 products, resources, and tools with an additional 10 products in progress and under review. These include factsheets on special populations, mental health counseling internship programs, and responding to distressed on-line students; policy briefs; tools such as an MOU template for working with county mental health; and mobile phone apps.
- Developed and implemented a curriculum entitled Healthy Transitions, which targets transition-aged foster youth, at 22 community colleges statewide.
- Recently, developed an online searchable database to share best practices and policies among all 112 colleges has been developed
- To date, 79,341 faculty, staff, students and community members have been reached through PEI presentations, events, and workshops (impact/outcome information).
- The CCC SMHP staff meets quarterly with partners: CSU, and the UC Office of the President to collaborate and share resources that address student mental health concerns.
- The Chancellor's Office Advisory Group on Student Mental Health (COAGSMH) holds quarterly meetings of CCC stakeholders, which includes representation from faculty and student senates, Chief Student Services Officers (CSSOs – representing vice presidents of student services); National Alliance on Mental Illness (NAMI), family advocates; and transition aged youth. The COAGSMH's goal and function is to provide guidance and input into the implementation of the CCC SMHP.

Outcomes:

- To date, 12,648 students, faculty and staff have completed the suicide prevention training offered through Kognito. A total of 82 colleges are actively accessing these resources.
- 79,341 faculty, staff, students and community members have been reached through these funding resources.
- The CCC SMHP website (listed below) has been visited by 60,490 visitors, an average of 113 per day.
- Preliminary outcome information provided by the CCC SMHP's evaluators (the Pacific Institute for Research and Evaluation – PIRE, and CalMHPA's evaluator, RAND) indicate that:
  - CCC students report that a range of mental health problems impact their academic performance, including anxiety, depression, and other issues.
  - About 19% of students report having mental health problems, a rate comparable to other studies of higher education students.
  - Faculty and staff reported talking to students about mental health issues at least once (79% of respondents).
  - The majority of faculty and staff report that they can identify resources or people to refer students who are in distress (Evaluating the California Mental Health Services Authority Student Mental Health Initiative Year 1 Findings, 2013).

Additional program information can be located at the following websites:

<http://www.cccstudentmentalhealth.org/training/>

<http://extranet.cccco.edu/Divisions/StudentServices/MentalHealthServices.aspx>

Financial Information System for California (FI\$Cal)

FY 2012-13	FY 2013-14	FY 2014-15
\$130,000	\$225,000	\$70,000

The Financial Information System for California (FI\$Cal) project receives funding to transform the State's systems and workforce to operate in an integrated financial management system environment. State agencies with accounting systems will be required to use the system and are required to fund it.

The system is being designed to include standardized accounting, budgeting and procurement features. Currently early in its development, FI\$Cal is headed by four partner agencies: Department of Finance, SCO, State Treasurer's Office and Department of General Services.

**Military Department**

<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>
\$559,000	\$1,358,000	\$1,360,000

The Military Department receives funding for 7.0 positions that are available 24-hours per day, 7-days a week, and support the pilot behavioral health outreach program designed to improve coordination between the California National Guard (CNG), local County Veterans' Services Officers and county mental health departments. These regions service the approximate 20,000 CNG membership statewide. The CNG educates Guard members and their families about mental health issues and enhances the capacity of the local mental health system through education and training about military culture. During this reporting cycle, the CNG using this MHSA funding has responded to 7,475 "soldier concerns" of which 969 referrals were made requiring more than basic support and information. The CNG assists the soldiers and airmen in acquiring appropriate Local, State, Federal, private, public and/or non-profit Behavioral Health program support. Assisting soldiers and airmen in accessing the appropriate County, Federal, or private mental health care programs is extremely cost efficient and ensures that service members receive care by mental health clinicians who are trained to treat military-specific conditions.

**FY 2013-14 Deliverables**

- Conduct education events to inform soldiers and their families about the ways to access mental health services.
- Present information about County mental health programs to CNG behavioral health providers and Guard members.
- Publish articles about suicide prevention and mental health resources in the "Grizzly," the newsletter of the California National Guard.

**Department of Veterans Affairs (DVA)**

<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>
\$223,000 SO	\$236,000 SO	\$234,000 SO
\$270,000 LA	\$270,000 LA	\$270,000 LA

The Department of Veterans Affairs (DVA) receives funding and 2.0 positions to support the statewide administration of informing veterans and family members about federal benefits, local mental health departments, and other services. DVA also administers grant programs for improving mental health services to veterans through county mental health departments and the development of veteran treatment courts promoting best

practice models in educating incarcerated veterans about available benefits and services.

### Key Activities and Highlights:

In FY 2013-14 the DVA awarded local assistance grants to the following County Veteran Service Offices (CVSO): Fresno, Imperial, Lassen, Los Angeles, Nevada, Riverside, San Bernardino, San Luis Obispo, Santa Clara, Solano, and Stanislaus. Detailed information for each county's use of funds is provided in Appendix 3.

The CVSOs will use their funding to enhance and/or promote mental health services in their community utilizing the following strategies:

- Providing timely and effective referrals to the appropriate service providers.
- Ensuring newly discharged soldiers and veterans are educated on the available services provided by United States Department of Veterans Affairs (USDVA) specific to mental health services. Examples of available services through the USDVA include Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST) and Traumatic Brain Injury (TBI) treatment.
- Implementation of Equine Assisted Learning and Therapy programs offering military personnel and their families with short term interventions by providing positive and constructive learning experiences that address a variety of mental health and human growth challenges such as PTSD, depression, anxiety and relationship issues.
- As of March 2014 the DVA released a statewide MHSA Request for Application (RFA) with intent to fund ten counties for an annual amount of \$27,000. The term of the funding will be made available to the counties to provide services in SFY 14-15 starting November 1, 2014.

Additional information regarding DVA programs and services is available on the following link:

<https://www.calvet.ca.gov/VetServices/Pages/Mental-Health-Grant-Program-For-Counties.aspx>

### California Health Facilities Financing Authority (CHFFA)

<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>
\$0 SO	\$500,000 SO	\$0 SO
\$0 LA	\$4,000,000 LA	\$4,000,000 LA

CHFFA received one-time MHSA funding of \$500,000 for administrative expenses associated with the implementation of SB 82 (Chapter 23, Statutes of 2013) (WIC section 5848.5). CHFFA receives on-going MHSA funding of \$4,000,000 in support of county mobile crisis personnel grants statewide.

Program Highlights and Facts:

CHFFA received 33 grant applications from 37 counties in response to their application for first round funding. On April 24, 2014, \$3.974 million were awarded to 19 counties and one regional partnership for crisis personnel. Counties selected for funding include Alameda, Butte, Contra Costa, Fresno, Lake, Los Angeles, Marin, Mendocino, Merced, Nevada, Riverside, Sacramento, San Diego, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Sonoma, Ventura, and Yolo.

CHFFA estimated the following timeline of events:

- Execution of Grant Agreements.
- CHFFA webinar for “Next Steps in the Funding Process” May 2014.
- Grant distributions May 2014.
- Application for second round of funding late May 2014.

Additional information on counties selected for funding may be found at the following website:

<http://www.treasurer.ca.gov/chffa/imhwa/allocations.pdf>

Additional CHFFA program information may be found at the following website:

<http://www.treasurer.ca.gov/chffa/imhwa/index.asp>

## Appendix 1: Historical Information

In November 2004, California voters passed Proposition 63 (the Mental Health Services Act (MHSA) or the Act). The Act imposed a one percent income tax on individuals earning over \$1 million for the purpose of funding mental health systems and services in California. The Act created a broad continuum of prevention, early intervention, innovative programs, services and infrastructure, technology and training elements to effectively support the mental health system.

AB 5 (Chapter 20, Statutes of 2009-10 3rd Ex. Sess.) amended WIC §§ 5845, 5846, and 5847. This law, enacted as urgency legislation, clarified that the Mental Health Services Oversight and Accountability Commission (MHSOAC) shall administer its operations separate and apart from the former Department of Mental Health (DMH), streamlined the approval process for county plans and updates, and provided timeframes for DMH and MHSOAC to review and/or approve plans.

AB 100 (Chapter 5, Statutes of 2011) amended WIC §§ 5813.5, 5846, 5847, 5890, 5891, 5892 and 5898. This bill dedicated FY 2011-12 MHSA funds on a one-time basis to non-MHSA programs such as EPSDT, Medi-Cal Mental Health Managed Care, and mental health services provided for special education pupils. This bill also reduced the administrative role of DMH. Among the provisions of this bill was the adoption of Section 5847(b) which deleted the county's responsibility to submit plans to DMH and for DMH to review and approve these plans. To assist counties in accessing funds without delay, Section 5891 was amended to direct the State Controller to continuously distribute, on a monthly basis, MHSA funds to each county's Local Mental Health Services Fund. This bill also decreased MHSA state administration from 5 percent to 3.5 percent.

AB 1467 (Chapter 23, Statutes of 2012) amended WIC §§ 5840, 5845, 5846, 5847, 5848, 5890, 5891, 5892, 5897 and 5898. Provisions in AB 1467 transferred the remaining state MHSA functions from DMH to the Department of Health Care Services (DHCS) and further clarified roles of the MHSOAC and DHCS. Section 5847 was amended to provide county board of supervisors with the authority to adopt plans and/or updates provided the county comply with various laws such as Sections 5847, 5848, and 5892. In addition, the bill amended the stakeholder process counties are to use when developing their three-year program and expenditure plan and updates.

SB 82 (Chapter 34, Statutes of 2013), known as the Investment in Mental Health Wellness Act of 2013, utilizes MHSA funds to expand crisis services statewide. This bill also restored MHSA state administration from 3.5 percent to 5 percent.

## Appendix 2: MHSOAC Triage Grant Awards

### Triage Grant Funds (SB 82)

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Funds Available	\$ 32,000,000	\$ 32,000,000	\$ 32,000,000	\$ 32,000,000
Total Grants	\$ 12,940,023	\$ 31,207,062	\$ 31,152,815	\$ 31,304,301
Unspent Funds	\$ 19,059,977	\$ 792,938	\$ 847,185	\$ 695,699

### Triage Grant Awards, by County

#### FY 2013-14 through FY 2016-17

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Ventura	\$ 840,260	\$ 2,126,827	\$ 2,242,542	\$ 2,364,044
Riverside	\$ 802,456	\$ 2,399,829	\$ 2,399,829	\$ 2,399,829
Santa Barbara	\$ 933,136	\$ 2,352,536	\$ 2,468,208	\$ 2,594,250
Orange	\$ 1,250,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000
Los Angeles	\$ 3,802,000	\$ 9,125,000	\$ 9,125,000	\$ 9,125,000
Yolo	\$ 221,736	\$ 505,786	\$ 496,247	\$ 504,464
Calaveras	\$ 41,982	\$ 73,568	\$ 73,568	\$ 73,568
Tuolumne	\$ 74,886	\$ 132,704	\$ 135,394	\$ 135,528
Sacramento	\$ 545,720	\$ 1,309,729	\$ 1,309,729	\$ 1,309,729
Mariposa	\$ 88,972	\$ 196,336	\$ 203,327	\$ 210,793
Placer	\$ 402,798	\$ 750,304	\$ 667,827	\$ 688,417
Madera	\$ 163,951	\$ 389,823	\$ 410,792	\$ 396,030
Merced	\$ 359,066	\$ 868,427	\$ 882,550	\$ 893,025
Sonoma	\$ 351,673	\$ 871,522	\$ 897,281	\$ 923,888
Napa	\$ 126,101	\$ 411,556	\$ 403,664	\$ 382,312
San Francisco	\$ 1,751,826	\$ 4,204,434	\$ 4,204,434	\$ 4,204,434
Marin	\$ 137,200	\$ 315,738	\$ 320,373	\$ 326,746
Alameda	\$ 311,220	\$ 765,813	\$ 785,075	\$ 804,722
Butte	\$ 358,519	\$ 514,079	\$ 199,195	\$ 3,277
Lake	\$ 26,393	\$ 52,800	\$ 52,800	\$ 52,800
Trinity	\$ 60,697	\$ 145,672	\$ 145,672	\$ 145,672
Nevada	\$ 289,431	\$ 694,579	\$ 729,308	\$ 765,773
<b>Total</b>	<b>\$ 12,940,023</b>	<b>\$ 31,207,062</b>	<b>\$ 31,152,815</b>	<b>\$ 31,304,301</b>

### Appendix 3: Department of Veterans Affairs County Grants

In FY 2013-14 the United States Department of Veterans Affairs (USDVA) awarded local assistance grants to the following County Veteran Service Offices (CVSO) for activities and services, as described:

- Fresno County (awarded \$25,000) – Veteran outreach in Fresno County is designed to enhance access to veteran services with an emphasis on prevention and early intervention mental health services by providing timely and effective referrals to the appropriate service providers. The goal of outreach activities is to ensure that newly discharged soldiers and veterans are educated about the various USDVA mental health services available to them, including services dealing with Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST) and Traumatic Brain Injury (TBI).
- Imperial County (awarded \$25,000) – The Imperial County Veteran Services Office (ICVSO), in partnership with the Imperial County Behavioral Health Services (ICBHS), proposes to identify and serve 100 veterans who are suffering mental disorders such as Post Traumatic Stress Disorder (PTSD), depression, anxiety, schizophrenia and other mental disorders. These efforts will also target family members who may be directly affected by the veterans' disorders.
- Lassen County (awarded \$20,000) – Lassen County's proposal follows the Cal-Vet Strategic Plan, which specifically addresses veterans' courts and Native American veterans. This grant gives us the opportunity to provide behavioral health services for veterans, assisting veterans in gaining employment skills, and eventually moving them into careers.
- Los Angeles County (awarded \$25,000) – These funds are to support the Veterans Navigator program, which will provide early intervention and services by assisting veterans with filing compensation claims, provide referral to mental health providers, help in finding permanent homes, and guiding veterans and families in need of medical services.
- Nevada (awarded \$25,000) – The purpose of this project is to improve the mental health and well-being of veterans in Nevada County by increasing outreach and referrals to mental health services. The project will meet this purpose by 1) identifying veterans that may need support in Nevada County, 2) increasing collaboration among non-profits and government agencies serving veterans and 3) creating a peer model support system.
- Riverside (awarded \$25,000) – Riverside County has hired one Veteran Mental Health Outreach Specialist (VMHOS) for a one year period using the Prop 63 Grant and funds from the enhanced subvention program. The VMHOS will conduct outreach and attempt to get homeless veterans off the street and into

treatment either at Riverside County Mental Health or the USDVA. The VMHOS will coordinate with the Loma Linda Veteran Justice Outreach program in conducting outreach to local prisons and jails and get to those veterans mental health treatment either through the USDVA or the Riverside County Department of Mental Health.

- San Bernardino (awarded \$25,000) – San Bernardino is using the funds to support an Equine Assisted Learning and Therapy program. This program aims to address a number of mental health needs including behavioral issues, PTSD, substance abuse, depression, anxiety, relationship problems and communication needs. It is the intent of the Equine Assisted Learning and Therapy that participants gain the ability to recall positive experiences when needed, learn to function in the present moment, become aware of their physical triggers, and learn to self-regulate and modify behaviors.
- San Luis Obispo (awarded \$25,000) – The purpose of San Luis Obispo's program is to better serve veterans suffering from mental illness and educate the community by providing education, accessibility and benefits counseling. They want to help the veteran by providing easy access to Federal, State, and County resources by bringing these resources to the where the veterans live, work, and play throughout the county of San Luis Obispo.
- Santa Clara County (awarded \$25,000) – The primary goal of the Veterans Outreach Project is to better address the mental health needs of veterans residing in Santa Clara County through the provision of mental health education, service linkages and peer support. Through the project funding, one half-time Mental Health Peer Support/Community Worker will be able to offer these services to veterans on site at Santa Clara County's Office of Veterans Services.
- Solano County (awarded \$25,000) – Solano County's program will provide mental health outreach and counseling through their military discharge locations, jail and prison outreach, Veteran's Court development, and Stand Down events.
- Stanislaus (awarded \$18,750) – Stanislaus' program will serve Stanislaus County veterans from all War periods. Veterans will be made aware of and provided increased access to all mental health services available. Their program will focus on combat veterans currently residing in or returning to Stanislaus County from their military service as they transition back to civilian life (older veterans and newly discharged veterans).
- Riverside (awarded \$25,000) – Riverside's proposal includes hiring one VMHOS for a one year period using a combination of MHSA funds and funds from the enhanced subvention program. The VMHOS will conduct outreach and attempt to get homeless veterans off the street and into treatment either at Riverside County Mental Health or the VA. The VMHOS will also coordinate with the Loma

Linda Veteran Justice Outreach program to conduct outreach to local prisons and jails to facilitate access to mental health treatment through the VA or the Riverside County Department of Mental Health.

## END NOTES

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